Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H24000218563 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MOORHEAD LAW GROUP, PLLC

Account Number : I19990000132 Phone : (850)202-8522 Fax Number : (850)477-0982

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

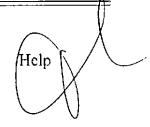
Email Address: lisa.strickland@lennar.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN HORIZON'S EDGE HOMEOWNERS' ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



(H24000218563 3)

Articles of Amendment to Articles of Incorporation of

HORIZON'S EDGE HOMEOWNERS' ASSOCIATION, IN	of C	
(Name of Corporation as currently filed with the Florida I		
N24000003982	- (1 () () () ()	
(Document Numb	er of Corporation (ii	(known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	<u>lon:</u>	
name must be distinguishable and contain the word "corporate	tion" or "incorpora	The new
"Company" or "Co." may not be used in the name.	non or meorpora	2
B. Enter new principal office address, if applicable:		. 24.
(Principal office address MUST BE A STREET ADDRESS)	: 5
		
C. Enter new mailing address, if applicable:		PH
(Mailing address MAY BE A POST OFFICE BOX)		2
		2
D. If amending the registered agent and/or registered offlenew registered agent and/or the new registered office a	e address in Florid	a, enter the name of the
	not est.	
Name of New Registered Agent:		
		(2)
New Registered Office Address:	((Florida street addr ess)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		pt the obligations of the position.
Siz	gnature of New Regi	istered Agent, if changing

(H24000218563 3)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X. Remove X. Add	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u> Мате</u>	<u>Addres</u> s
t) X Change Add	<u>P/D</u>	Lisa Strickland	801 W. ROMANA ST, SUITE A. PENSACOLA, FL 32502
2) × Change Add	STD	Lisa Fenderson	801 W. ROMANA ST, SUITE A PENSACOLA, FL 32502
Remove 3) Remove 4 Add 4 Remove			2
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional sheet	g additional Artic is, if necessary).	cles, enter change(s) here: (Be specific)	

To: 8506176380 . From: Beth Fredrich 6/25/2024 8:48:12 AM p. 5 of 6

			(H24000218563 3)
_			
_			
		_	
	,		
_			
_		· · · · · · · · · · · · · · · · · · ·	
			
_			
_			
			J24 : 17#
	· · · · · · · · · · · · · · · · · · ·		2
_			· · · · · · · · · · · · · · · · · · ·
			77
_			024 JUH 25 PK 2: 02
	· ··		
_	<u> </u>		-
	e date of each amendment(s) ac c this document was signed.	doption:	, if other than the
EM	ective date if applicable:		
E11	ective date it applicable.	(no more than 90 days after amendment file do	ate)
Not doc	ig: If the date inserted in this blo ument's effective date on the De	ock does not meet the applicable statutory filing requispartment of State's records.	rements, this date will not be listed as the
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast al.	for the amendment(s)

To: 8506176380

From: Beth Fredrich

6/25/2024 8:48:12 AM p. 6 of 6

(H24000218563 3)

	June / 1, 2024
Dated	Julie 1 (, 2024
24104	
	4 0 1 0
Signatur	Dalcaleman
	(De she she)
	15Y the champan of vice chairman of the board president of other officer-11 directors
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or

Joel Coleman Joel Coleman
(Typed or printed name of person signing)

Vice President
(Title of person signing)